

Governor's COVID-19 Vaccine Advisory Group

Thursday, October 15, 2020

Welcome

Governor Ned Lamont



Connecticut Department of Public Health
Keeping Connecticut Healthy



Agenda

<ol style="list-style-type: none"> 1. Welcome and Introductions <ol style="list-style-type: none"> a. Co-Chairs b. Advisory Group Members 	<p>Governor Lamont Commissioner Gifford Dr. Eadie</p>
<ol style="list-style-type: none"> 2. Roles and Responsibilities, Structure of Advisory Group Meetings <ol style="list-style-type: none"> a. Co-Chairs b. Advisory Group Members c. Subcommittee Members d. Administrators 	<p>Commissioner Gifford Dr. Eadie Advisory Group members</p>
<ol style="list-style-type: none"> 3. Status of State Planning to Date – Review of Draft CDC plan <ol style="list-style-type: none"> a. DPH began internal planning in June <ol style="list-style-type: none"> i. CDC began release COVID19-specific planning guidance in September b. Identifying critical workforce groups and priority populations c. Planning with external partners (e.g., hospitals, long-term care facilities, local health departments) d. Updating the state’s mass vaccination plan e. Convened Public Health COVID19 Vaccination Work Group in September (meets twice a week) 	<p>DPH staff</p>
<ol style="list-style-type: none"> 4. Comments and Feedback on Planning Process 	<p>Advisory Group members</p>
<ol style="list-style-type: none"> 5. Administrative Matters <ol style="list-style-type: none"> a. Frequency of meetings b. Methods for communication c. Meeting notes d. Parking lot e. Convening subcommittees 	<p>Mike Mozzer</p>
<ol style="list-style-type: none"> 6. Wrap-Up 	<p>Mike Mozzer</p>
<ol style="list-style-type: none"> 7. Adjourn 	



Co-Chairs

- * Deidre Gifford, MD - Acting Commissioner, Connecticut Department of Public Health
- * Reginald Eadie, MD - President and CEO, Trinity Health of New England

Advisory Group Members

- * **Mary Daugherty Abrams**, *State Senator (D-Meriden, Middlefield, Rockfall, Middletown, Cheshire)*
- * **Jessica Abrantes-Figueiredo MD**, *Saint Francis Hospital*
- * **Stephen Civitelli**, *Director of Health, Wallingford Health Department*
- * **Chris DiPentima**, *President and CEO, CT Business and Industry Association*
- * **Josh Elliot**, *State Representative (D-Hamden)*
- * **Tekisha Dwan Everette**, *Executive Director, Health Equity Connecticut*
- * **Keith Grant**, *Hartford HealthCare*
- * **Eileen Healy**, *Executive Director, Independence Northwest, Cross-Disability Lifespan Alliance*
- * **Derrick Holloway**, *First Calvary Baptist Church*
- * **Sal Luciano**, *President, Connecticut AFL-CIO*
- * **Richard Martinello MD**, *Yale New Haven Health*
- * **Mag Morelli**, *President, LeadingAge Connecticut*
- * **Nichelle Mullins**, *President and CEO, Charter Oak Health Center*
- * **William Petit**, *State Representative (R-New Britain, Plainville)*
- * **Jason Schwartz**, *Assistant Professor, Yale School of Public Health*
- * **Milagrosa Seguinot**, *President, Connecticut Community Health Workers Association*
- * **Michelle Seagull**, *Commissioner, Department of Consumer Protection*
- * **Heather Somers**, *State Senator (R-Griswold, Groton, North Stonington, Plainfield, Preston, Sterling, Stonington, Voluntown)*

Roles and Responsibilities

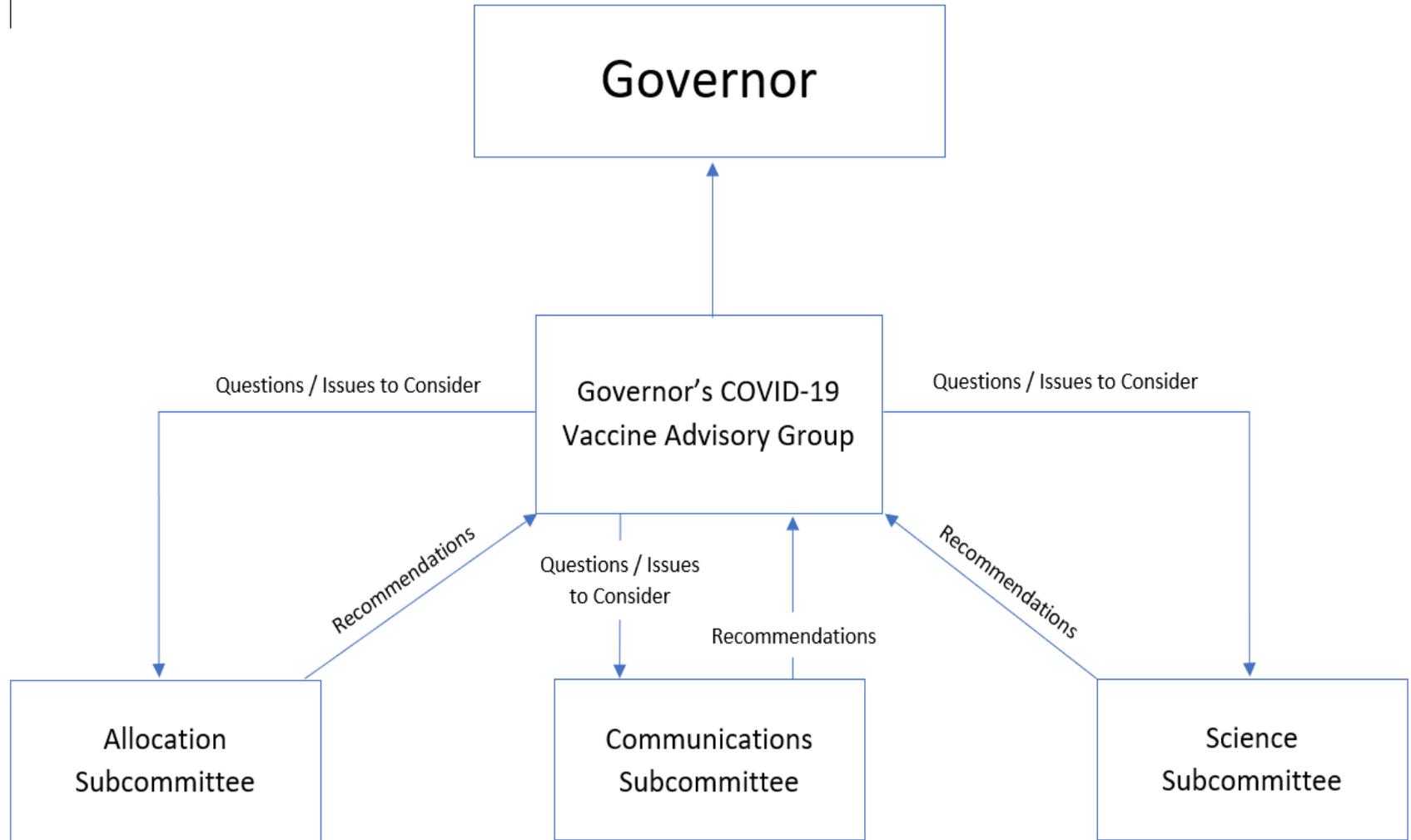
- * Co-Chairs
- * Advisory Group Members
- * Subcommittee Members
 - * Allocation
 - * Communications
 - * Science
- * Administrators



Advisory Group

Advises the governor on preparations for a COVID-19 vaccine, the optimization of a statewide mass vaccination plan, communicating the allocation strategy and the supporting scientific evidence.

Advisory Group Structure





Advisory Group Members

- * All advisory group members will be assigned to a subcommittee
- * Three advisory group members will co-chair a subcommittee
- * Recommended co-chairs
 - * Allocation - Nichelle Mullins
 - * Science - Dr. Abrantes-Figueiredo
 - * Communications - Sen. Somers



Subcommittees

- * Allocation - who?
- * Science - when?
- * Communications - who, when, where, why and how?

Federal Vaccine Recommendations

- HHS National Vaccine Advisory Committee (NVAC)
 - Next meeting is Friday, October 16; the [agenda](#) shows their focus will be on a COVID-19 vaccine.
 - Panel has 16 external voting members and has been operating for 30 years.
 - Purpose is to advise the Assistant Secretary for Health, who serves as the Director of the National Vaccine Program.
- FDA Vaccines & Related Biological Products Advisory Committee
 - Next meeting is [October 22](#). (CNN will broadcast).
 - Panel has a mix of [15 government and private sector voting members](#).
 - This Advisory Committee will ultimately review the data and make recommendations to the FDA Commissioner on any application for a COVID vaccine.
- CDC Advisory Committee on Immunization Practices
 - Next Meeting is [October 28 - 30](#)
 - Panel has [15 voting external members](#).
 - [Committee](#) reviews scientific data and makes recommendations on how to use vaccines to control disease in the U.S., including who should receive a vaccine, the number of doses needed, the amount of time between doses, and precautions and contraindications.

Meeting Structure

- * Microsoft Teams Meeting for Advisory Group Members
- * Broadcast on CT-N (live and on demand)
 - * <https://ct-n.com>
- * Likely no voting necessary - looking to reach consensus
 - * Can record dissents

Status of Planning Thus Far

- * The Immunization Program and Office of Public Health Preparedness and Response have been planning since May
- * Contracted with a consultant specializing in plan development to write the COVID-19 Mass Vaccination Plan
- * Identifying critical workforce
- * Expanding the number of providers in the state to administer vaccine
- * Identifying appropriate Immunization Information System (IIS)
- * Convened Public Health COVID-19 Vaccine Work Group

Key Assumptions for COVID-19 Vaccine



Limited doses may be available by early November 2020, but **supply will increase substantially** in 2021



Initial supply will either be **approved as a licensed vaccine** or **authorized for use under an EUA** issued by the FDA

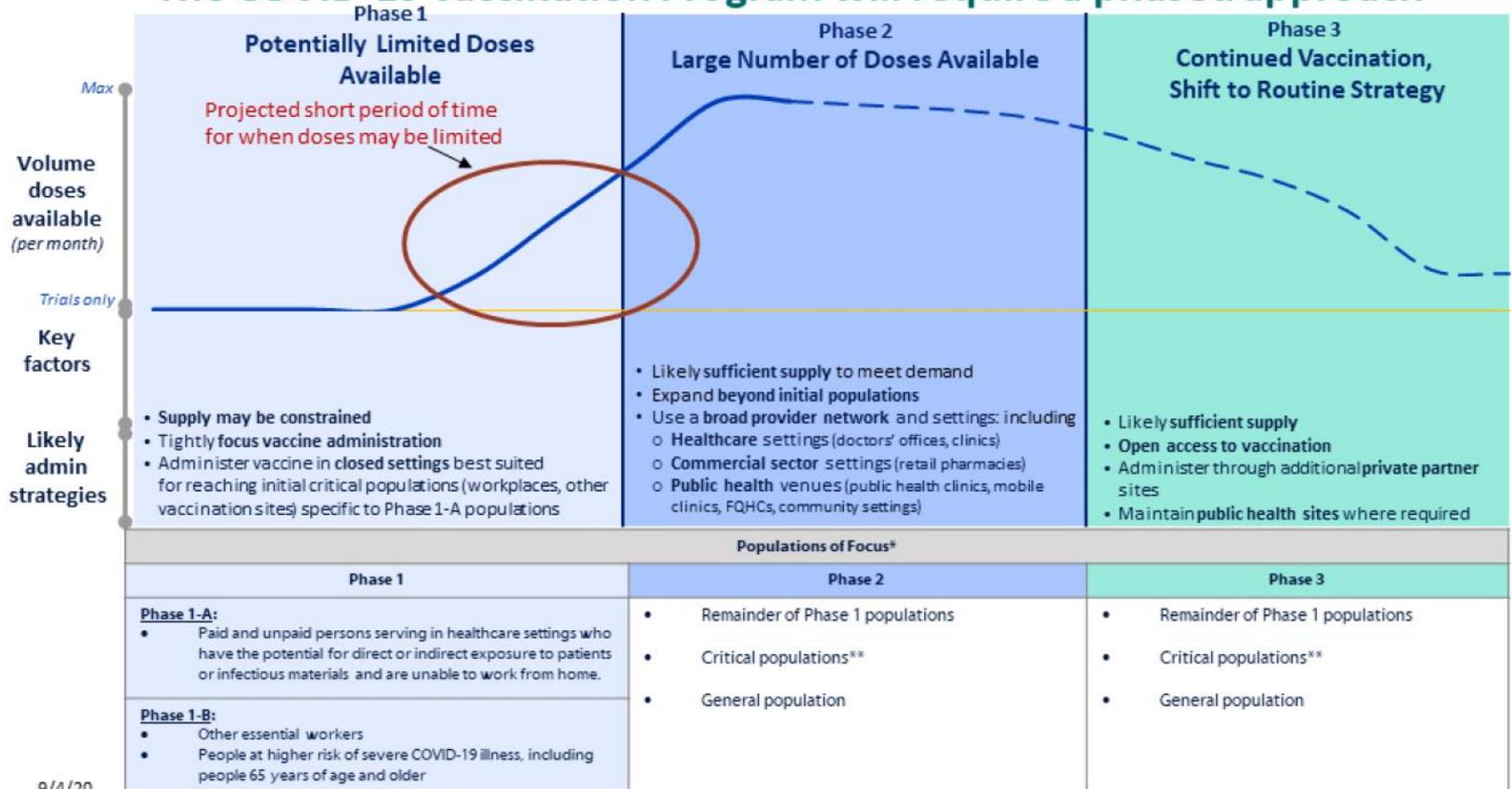


Cold chain storage and handling requirements are likely to vary from **refrigerated to ultra-cold frozen**



Two doses, separated by ≥ 21 or 28 days, will be **needed for immunity** for most COVID-19 vaccines

The COVID-19 Vaccination Program will require a phased approach



Critical populations to ensure access

Critical infrastructure



People at increased risk for severe illness



People living in congregate settings



People with limited access to immunization services



Examples of Critical Populations for Targeting Vaccination

People at **increased risk** for COVID-19
 (e.g. congregate settings)

Critical infrastructure

- Bankers
- Communications
- Utility workers

- Inpatient healthcare providers
- Meat processing plant workers
- EMS, law enforcement, & fire service workers

People at increased risk for severe illness

- Elderly (65 years & older)
- Racial and ethnic minority populations
- Tribal populations
- People with underlying medical conditions

- Nursing home / assisted living facility residents
- Persons who are incarcerated / detained
- University students

People with limited access to vaccines

- Persons experiencing homelessness & living in shelters
- People living in multigenerational households

- People living in rural jurisdictions
- Individuals with disabilities

Detail View of Critical Infrastructure / Essential Workers Jurisdictions will need to prioritize based on their population



Additional groups added in v. 4.0
(8/18/2020):

- **Education**
- **Correctional** / Detention Facility Staff

<https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>

Prepare for Early Vaccine Administration



Identify providers & settings for rapid vaccination of healthcare & other essential workforce populations (e.g., hospitals, commercial partners, mobile vaccinators, occupational, etc.).



Target providers for immediate enrollment.



Determine points of contact for each population group to be vaccinated & establish methods of communication & coordination.



Secure locations for temporary clinics & develop logistical plans for each; identify resource needs.

Conduct Outreach, Enroll, and Onboard Providers



Develop & implement a provider outreach & training plan, with initial focus on providers ready to serve critical populations.



Ensure enrolled providers:

- Sign COVID-19 Provider Agreement (available soon)
- Can report required data elements
- Have capacity to store & handle vaccine

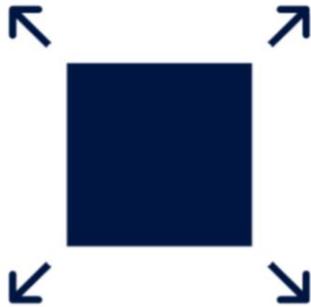


Onboard providers to jurisdiction's system for vaccine ordering, administration documentation, & reporting.



Provide training & other CDC resources to ensure providers understand key facts & processes for COVID-19 vaccine delivery.

Define Jurisdiction's Vaccination Site Allocation Strategies



- Utilize key inputs to define allocation method to COVID-19 vaccination providers for critical populations in early and limited supply scenarios:
 1. Advisory Committee on Immunization Practices (ACIP) recommendations (when available)
 2. Estimated number of doses allocated to jurisdiction and timing of availability
 3. Size of critical populations
 4. Vaccination provider site vaccine storage capacity and ability to implement vaccination

Outline Communication Plan



Determine process for frequent communication with providers.



Identify approaches for communication with critical populations as well as the general public.



Engage with community leaders & providers for phased allocation when vaccine supply is limited.



Explore use of multiple methods & systems to provide second-dose reminders for vaccine recipients.

Summary of COVID-19 Vaccine Ordering & Distribution

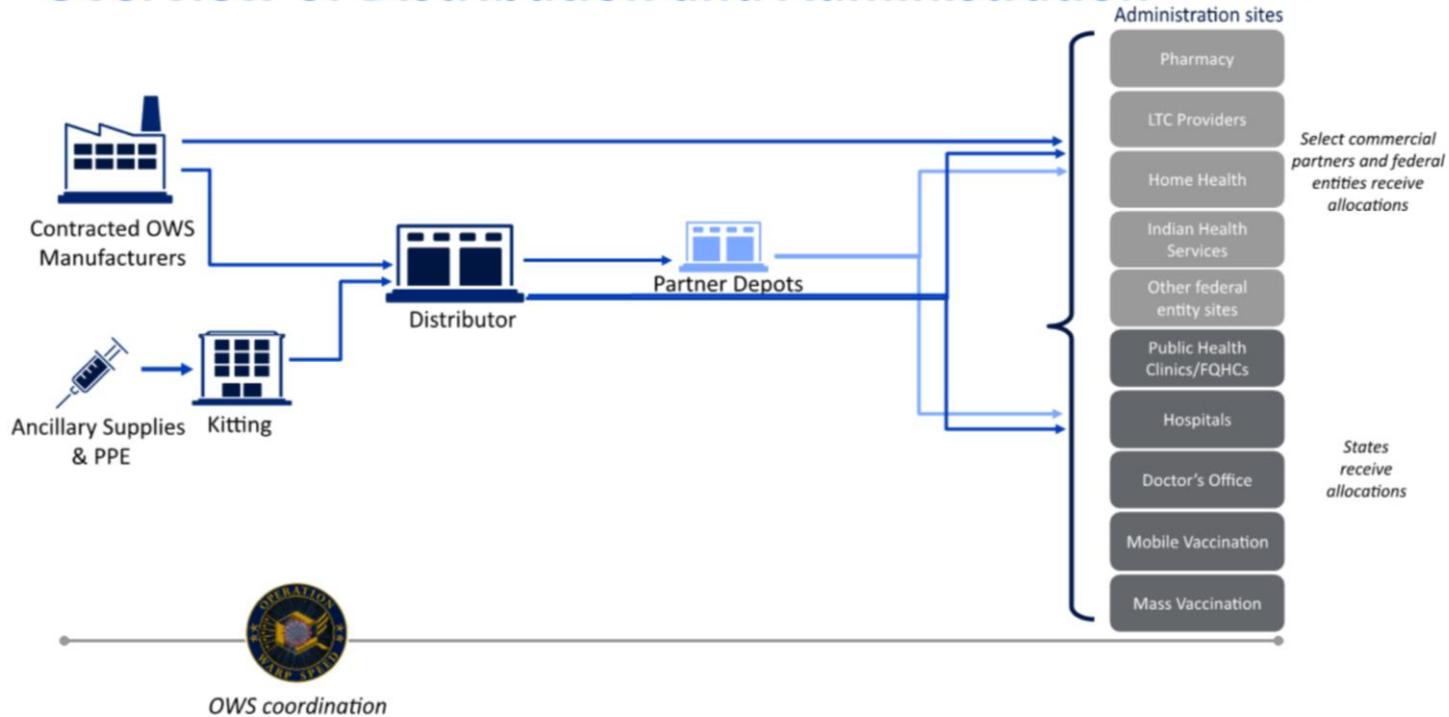
Ordering

- COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers.
- Vaccine orders will be approved and transmitted in CDC's **Vaccine Tracking System (VTrckS)** by jurisdiction immunization programs for vaccination providers they enroll.
- Minimum order size for CDC centrally distributed vaccines will be 100 doses per order; minimum order size for early direct-ship vaccines may be much larger.

Distribution

- CDC will use its current centralized distribution contract to fulfill orders for most COVID-19 vaccine products as approved by jurisdiction immunization programs.
- Most vaccine will be shipped to provider sites within 24 hours of order approval by the immunization program, if supply is available.
- Once vaccine products have been shipped to a provider site, the federal government will not redistribute product.
- Jurisdictions will be allowed to redistribute vaccines while maintaining the cold chain; jurisdictions should be judicious in their use of redistribution and limit any redistribution to refrigerated vaccines only.

Overview of Distribution and Administration



The Vaccine Life Cycle

safety at every phase

GUIDE

ACIP

ADVISORY
 COMMITTEE ON
 IMMUNIZATION
 PRACTICES

BLA

BIOLOGICS LICENSE
 APPLICATION

CDC

CENTERS FOR
 DISEASE CONTROL
 AND PREVENTION

FDA

FOOD AND DRUG
 ADMINISTRATION

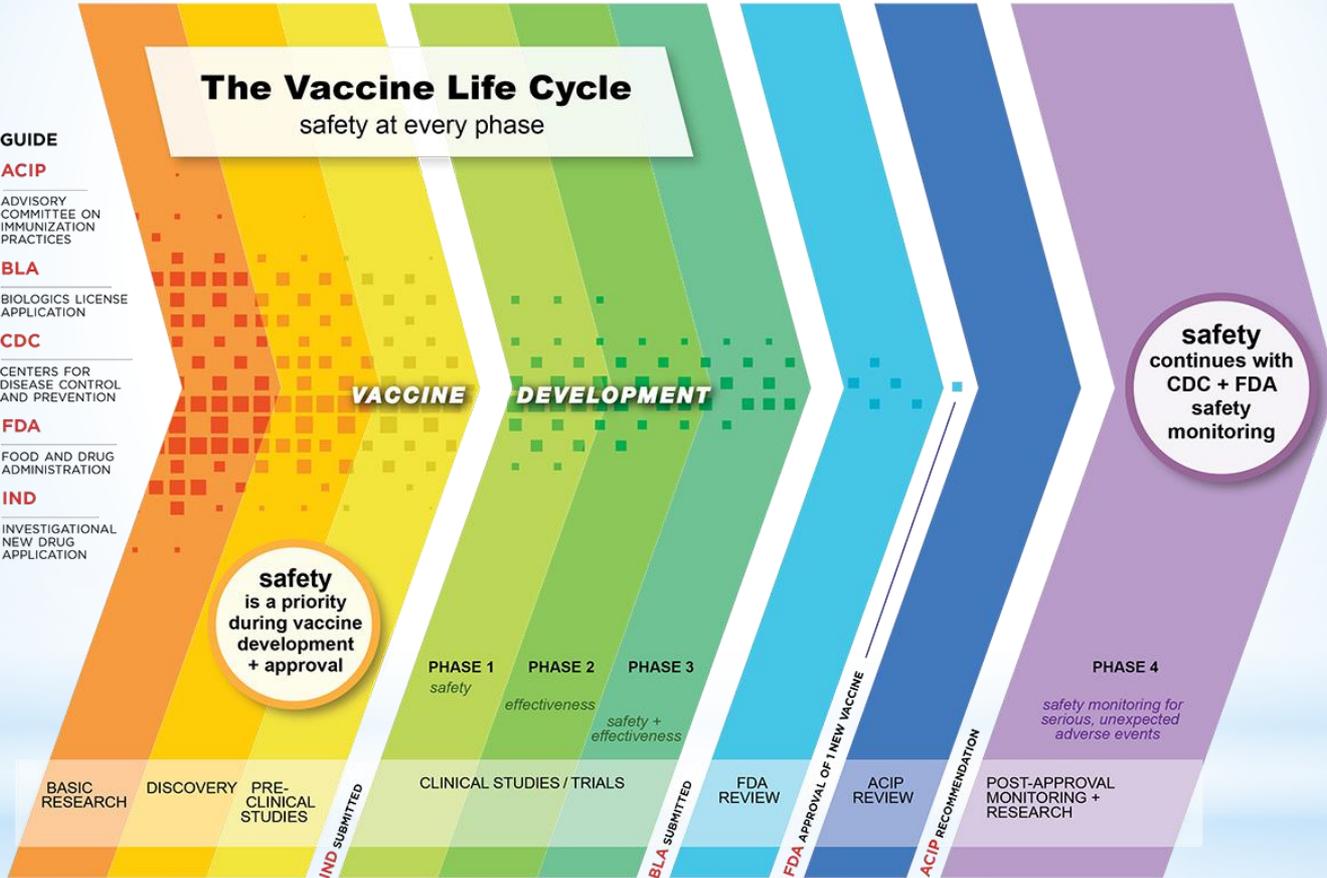
IND

INVESTIGATIONAL
 NEW DRUG
 APPLICATION

VACCINE DEVELOPMENT

**safety
 is a priority
 during vaccine
 development
 + approval**

**safety
 continues with
 CDC + FDA
 safety
 monitoring**



COVID-19 Mass Vaccination Plan Overview

Methodology

- * Weekly CDC COVID-19 Vaccine Response Planning Webinars
- * Daily Planning Meetings for OPHPR and Immunization teams
- * Weekly Coordination Meetings for OPHPR and Immunization teams
- * Thorough review of documents
 - * Public Health Emergency Response Plan (PHERP)
 - * Pandemic Influenza Vaccine Distribution Plan
 - * DPH Infectious Disease Plan
 - * 2009 H1N1 Vaccine Distribution Response Plan
- * Compared to other state mass vaccination plans and planning standards (CPG 101)



Comprehensive Preparedness Guide (CPG) 101

- * CPG 101 → FEMA guidance for developing emergency operations plans
- * DPH plans are being updated to align with CPG 101 Planning Standards
- * The Mass Vaccination Plan is a Functional Annex to the Public Health Emergency Response Plan (PHERP)
- * The COVID-19 Specific Mass Vaccination Plan is an Appendix to the “umbrella” Mass Vaccination Plan

COVID-19 Plan Sections Per CDC Guidance

1. Preparedness Planning
2. COVID-19 Organizational Structure and Partner Involvement
3. Phased Approach to COVID-19 Vaccination
4. Critical Populations
5. COVID-19 Provider Recruitment and Enrollment
6. COVID-19 Vaccine Administration Capacity
7. COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management



COVID-19 Plan Sections Per CDC Guidance

8. COVID-19 Vaccine Storage and Handling
9. COVID-19 Vaccine Administration Documentation and Reporting
10. COVID-19 Vaccination Second-Dose Reminders
11. COVID-19 Requirements for IISs or Other External Systems
12. COVID-19 Vaccination Program Communication
13. Regulatory Considerations for COVID-19 Vaccination
14. COVID-19 Vaccine Safety Monitoring
15. COVID-19 Vaccination Program Monitoring

COVID-19 Planning Gaps

- * Timeline of vaccine availability
- * Vaccine type
- * Allocation (i.e., how much vaccine is available to Connecticut)
- * Cold Chain (different vaccines require different cold chain procedures)
- * Who will administer vaccinations (e.g., Local Health Departments / Districts, Pharmacies, Critical Infrastructure Employers)

Accomplishments and Next Steps

- * Pre-registration of healthcare provider settings
 - * Surveys to determine a point of contact, interest in providing COVID-19 vaccines, storage capacity, volume of patients, and dose reporting capability
- * COVID-19 Vaccine Provider enrollment (federal legal agreement)
 - * Provider sites complete training, agree to federal program requirements and complete enrollment documentation to receive vaccines
- * Ensure priority populations are matched with a vaccine provider
 - * Use pre-registration information and enrollment to determine geographic and capacity gaps
 - * Enroll additional sites such as pharmacies, urgent care, and other providers strategically based on geography and capacity

Administrative Housekeeping

- * Propose meeting monthly through 2020
 - * Can adjust meeting frequency as needed
 - * Proposed next two meetings (6:00 - 7:30 PM):
 - * Thursday, November 19th
 - * Thursday, December 17th
- * <https://portal.ct.gov/DPH/Communications/Disease-Preparedness/COVID-19-Vaccine-Advisory-Group>
 - * Agendas, meeting recordings, meeting summaries
- * Parking Lot

Questions?



Connecticut Department of Public Health
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Michael J. Mozzer
Planning Specialist
Department of Public Health
Office of Public Health Preparedness and Response
860-509-8283 (o)
860-706-3226 (c)
michael.mozzer@ct.gov



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